

## 2001 Open Enrollment for 2002

# Part-Time Local 587 Plan 1 Guide

This guide explains Plan 1 benefits (following the layout of your open enrollment form), what's changing in 2002 and the changes you can make to your coverage. It also lists who to contact if you have any questions in the Resource Directory on the last two pages.

## What's changing in 2002

In 2002 there are three changes to medical plans in 2002:

- For all medical plans, the chemical dependency treatment maximum increases from \$10,326 to \$10,680 in any consecutive 24 months
- For the PacifiCare Choice and HMO plans, there is a \$50 copay for smoking cessation
- For the VM/GH Alliant plan, the copay for an emergency room visit changes from \$50 (waived if admitted) to \$75 for a network facility (waived if admitted); \$125 for a non-network facility.

## If you decide to ...

- Change medical coverage ..... see pages 2-5
- Change dental coverage ..... 6
- Change vision coverage ..... 7
- Add or drop family members from coverage ..... 8
- Drop basic life insurance ..... 8
- Pay Plan 1 premiums before-tax (You must return form to continue in 2002!) ..... 9
- Update your insurance beneficiaries ..... 9
- Participate in a flexible spending account ..... separate FSA Guide

Mark and return your open enrollment form **by Friday, November 2** to:

Benefits & Well-Being  
Yesler Building YES-HR-0500  
400 Yesler Way  
Seattle WA 98104-2683

Changes and FSA enrollment become effective January 1, with the exception of dropped family members (determined by qualifying event date) and updated insurance beneficiaries (change is immediate). If you change medical plans and:

- Don't receive your new medical card by the end of December, contact your new plan.
- Can't get a new plan booklet on the Web, circle the plan on your form and a booklet will be mailed to you.

This guide is not a complete description of each plan. More details about each benefit are in your plan booklets, available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or in alternate formats from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



## ■ Medical

Do you want to change medical coverage -- add or drop it, change plans or covered family members?

You have five options for medical coverage. The option you select is the option your family members receive.

Generally, the plans on the left in the following tables offer a greater selection of covered providers but lower benefit levels. Plans on the right offer higher benefit levels but less selection of covered providers.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
<b>Provider choice</b>	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when you see network providers	Your choice of providers; you receive higher coverage when your PCP* coordinates or provides your care	Your PCP* coordinates or provides all of your care	Your PCP* coordinates or provides all of your care
<b>Annual deductible</b>	\$250/person; \$750/family	\$50/person; \$150/family	None	None	None
<b>Annual out-of-pocket maximum/person</b>	\$800 network; \$1,600 non-network	\$400 network; \$1,200 non-network	\$0 network; \$1,600 non-network	\$0 network; no coverage non-network	\$1,000 network; no coverage non-network
<b>Lifetime maximum</b>	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit
<b>Alternative care</b>	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit PCP-directed*; 100%, after \$20 copay/visit self-directed	100% after \$10 copay/visit for specific services; PCP referral required
<b>Chemical dependency treatment</b>	80% network; 60% non-network; \$10,680 max/24 mos	100% network; 70% non-network; \$10,680 max/24 mos	100% Behavioral Health-directed; 60% self-directed; \$10,680 max/24 mos	100% (Behavioral Health must refer); \$10,680 max/24 mos	100% for inpatient; 100% after \$10 copay/visit for outpatient; \$10,680 max/24 mos
<b>Chiropractic care</b> (as with most other benefits, must be medically necessary)	80% network; 60% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	90% network; 70% non-network; up to 33 visits/yr; limited to diagnosis and treatment of musculoskeletal disorders	100% after \$10 copay/visit PCP-referred; 100% after \$20 copay/visit self-directed network or non-network; up to 33 self-directed visits/yr	100% after \$10 copay/visit; must use network provider	100% after \$10 copay/visit; must use network provider

\* PCP means your primary care physician.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
<b>Circum- cision</b>	80% network; 60% non-network	90% network; 70% non-network	100% PCP- directed; 60% self- directed	100%	100%
<b>Durable medical and diabetic equipment</b> (prior approval required)	80%	80%	80% PCP-directed; 50% self-directed	100%	80%
<b>Emergency care</b> (in an emergency room)	80% after \$50 copay/visit (waived if admitted)	90% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at a network facility (waived if admitted); \$125 copay/visit at a non-network facility
<b>Emergency care while traveling</b>	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider	Emergency care is covered at network levels whether you see a network or non-network provider
<b>Hospital care</b>	80% network; 60% non-network	90% network; 70% non-network	100% PCP- directed; 60% self- directed	100%	100%
<b>Infertility</b>	80% network; 60% non-network; limited to specific services and \$25,000 lifetime max	90% network; 70% non-network; limited to specific services and \$25,000 lifetime max	Not covered	Not covered	Not covered
<b>Lab, x-rays and other diagnostic testing</b>	80% network; 60% non-network	90% network; 70% non-network	100%	100%	100%
<b>Massage therapy</b> (as with most other benefits, must be medically necessary)	80% network; 60% non-network; physician prescribed only (after 20 visits Aetna reviews)	90% network; 70% non-network; physician prescribed only (after 20 visits Aetna reviews)	100% after \$10 copay/visit network; 100% after \$20 copay/visit non- network; PCP referral required	100% after \$10 copay/visit; PCP referral required; must use network provider	100% after \$10 copay/visit; PCP referral required; must use network provider

<b>Plan Feature</b>	<b>KingCare (Aetna/Ethix) Basic Plan</b>	<b>KingCare (Aetna/Ethix) Preferred Plan</b>	<b>PacifiCare Choice Plan</b>	<b>PacifiCare HMO</b>	<b>VM/GH Alliant Plan</b>
<b>Mental health care – inpatient</b>	80% network; 60% non-network; up to 30 days/yr	90% network; 70% non-network; up to 30 days/yr	100% (Behavioral Health must refer); 60% self-directed; up to 30 days/yr	100% up to 30 days/yr (Behavioral Health must refer)	80% up to 12 days/yr
<b>Mental health care – outpatient</b>	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (when deemed appropriate, unused visits may be traded for unused inpatient days)	50% up to 52 visits/yr (Behavioral Health must refer); 50% up to 9 visits/yr self-directed	100% after \$10 copay/visit, up to 30 visits/yr (Behavioral Health must refer)	100% after \$20 copay/individual, family or couple for each visit and \$10 copay/group session (up to 20 visits/yr)
<b>Out-of-area coverage for your children away at school</b>	Same benefits you receive at home, through Aetna's national provider network	Same benefits you receive at home, through Aetna's national provider network	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	Outside PacifiCare's service area benefits are slightly different; for example, most services are covered at 80%	In E and SW WA and N OR care is available through associated HMOs; in all other areas only emergency care is covered
<b>Physician and other medical and surgical services**</b>	80% network; 60% non-network	90% network; 70% non-network	100% after \$10 copay/visit PCP-directed; 100% after \$20 copay/visit self-directed	100% after \$10 copay/visit	100% after \$10 copay/visit
<b>Prescription drugs – network</b> (must use participating pharmacies)	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply	100% after \$5 copay generic/30-day supply; \$10 copay brand name/30-day supply
<b>Prescription drugs – mail order</b>	100% after \$10 copay/100-day supply	100% after \$10 copay/100-day supply	100% after \$10 copay/90-day supply	100% after \$10 copay/90-day supply	100% after \$5 copay generic or \$10 copay brand name; 30-day supply
<b>Preventive care</b> (such as routine exams and immunizations)	100% network; 60% non-network	100% network; 70% non-network	100% after \$10 copay/visit PCP-directed; not covered self-directed	100% after \$10 copay/visit	100%

\*\* Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy (including lymphedema). Call the medical plan for more information.

Plan Feature	KingCare (Aetna/Ethix) Basic Plan	KingCare (Aetna/Ethix) Preferred Plan	PacifiCare Choice Plan	PacifiCare HMO	VM/GH Alliant Plan
<b>Skilled nursing facility</b>	80% network; 60% non-network	90% network; 70% non-network	100% PCP-directed; 60% self-directed; up to 100 days/yr	100% up to 100 days/yr	100% (when pre-authorized)
<b>Smoking cessation -- sessions</b>	80% network; 60% non-network; \$500 lifetime max	90% network; 70% non-network; \$500 lifetime max	100% after \$50 copay/network program	100% after \$50 copay/network program	100% network provider; 1 program/yr max
<b>Smoking cessation -- nicotine replacement</b>	If prescribed and full course of treatment completed	If prescribed and full course of treatment completed	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% after \$20 copay for one 4-week supply if prescribed by PCP	100% or \$5 copay/30-day supply (whichever is less) for network program

## Cost

Health Plan	You Only	You & Sp/DP*	You & Children	All
<b>KingCare (Aetna) Basic</b>				
2001 (\$176.02 paid by county)	\$ 56.32	\$ 288.66	\$ 242.19	\$ 474.53
2002 (\$195.48 paid by county)	\$ 72.00	\$ 339.48	\$ 285.98	\$ 553.46
<b>KingCare (Aetna) Preferred</b>				
2001 (\$176.02 paid by county)	\$ 97.32	\$ 370.66	\$ 315.99	\$ 589.33
2002 (\$195.48 paid by county)	\$ 119.20	\$ 433.88	\$ 370.94	\$ 685.62
<b>PacifiCare Choice</b>				
2001 (\$176.02 paid by county)	\$ 78.02	\$ 332.04	\$ 281.27	\$ 535.30
2002 (\$195.48 paid by county)	\$ 86.66	\$ 368.77	\$ 312.39	\$ 594.51
<b>PacifiCare HMO</b>				
2001 (\$176.02 paid by county)	\$ 44.00	\$ 264.01	\$ 220.01	\$ 440.03
2002 (\$195.48 paid by county)	\$ 48.87	\$ 293.22	\$ 244.35	\$ 488.71
<b>Virginia Mason/Group Health Alliant</b>				
2001 (\$176.02 paid by county)	\$ 30.94	\$ 237.91	\$ 196.51	\$ 403.46
2002 (\$195.48 paid by county)	\$ 52.93	\$ 301.39	\$ 251.66	\$ 500.06

\* Sp/DP = Spouse/Domestic Partner

## ■ Dental

**Do you want to change dental coverage -- add or drop it, or change covered family members?**

You must elect medical coverage to elect dental coverage -- you cannot elect dental coverage by itself. The coverage is provided through Washington Dental Service (WDS).

WDS increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). For major restorative services the payment level increases from 70% to 80%, then to 85%. If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
<b>Annual deductible</b> (doesn't apply to diagnostic and preventive services)	\$25/person, \$75/family
<b>Annual maximum benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Plan Pays
<b>Diagnostic and preventive services</b> (for example, exams, cleanings, x-rays)	70% - 100% (deductible doesn't apply) Based on patient's incentive level; see dental booklet for details
<b>Basic services</b> (for example, fillings, crowns, extractions, root canals)	70% - 100% Based on patient's incentive level; see dental booklet for details
<b>Major services – restorative</b> (for example, crowns, onlays)	70% - 85% Based on patient's incentive level; see dental booklet for details
<b>Major services – prosthodontics</b> (for example, dentures, implants, fixed bridges)	70%
<b>Orthodontic services</b> (for adults and children)	50%, up to a \$2,500 lifetime benefit maximum (deductible doesn't apply; this benefit doesn't apply to the annual maximum benefit)
<b>Other Services</b>	
• Temporomandibular joint disorder (TMJ)	50%, up to a \$500 lifetime maximum for non-surgical treatment and appliances (this benefit doesn't apply to the annual maximum benefit)
• Nightguards	50%

### Cost

Washington Dental Service	You Only	You & Sp/DP*	You & Children	All
2001 (\$ 25.69 paid by county)	\$ 25.68	\$ 77.05	\$ 66.78	\$118.15
2002 (\$ 27.20 paid by county)	\$ 27.19	\$ 81.58	\$ 70.70	\$125.09

\* Sp/DP = Spouse/Domestic Partner

## ■ Vision

Do you want to change vision coverage -- add or drop it, or change covered family members?

Your vision coverage is provided through Vision Service Plan (VSP).

Vision Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts minus the \$10 copay ...
<b>Exams</b> (once every 12 months)	100%	Up to \$40
<b>Lenses</b> (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Progressive	100%	Not covered
• Tints	100%	Up to \$5
• Coatings	100%	Not covered
<b>Frames</b> (once every 24 months)	100% (selected frames)	Up to \$45
<b>Contacts</b> (1 pair every 12 months in place of eyeglass lenses and frames)		
• Elective	100%, up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210

## Cost

Vision Service Plan	You Only	You & Sp/DP*	You & Children	All
2001 (\$ 4.04 paid by county)	\$ 4.03	\$12.10	\$10.48	\$18.55
2002 (\$ 4.31 paid by county)	\$ 4.30	\$12.91	\$11.19	\$19.80

\* Sp/DP = Spouse/Domestic Partner

## ■ Benefit Eligible Family Members

Do you want to add eligible family members for coverage under your benefit plans? Do you want to drop family members from coverage? If so, indicate in the spaces provided on your open enrollment form. (If you delete a spouse/domestic partner, attach a Statement of Termination of Marriage/Domestic Partnership to your open enrollment form. The form is available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or from Benefits & Well-Being.)

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (copy of marriage certificate or an Affidavit of Marriage/Domestic Partnership must be filed with Benefits & Well-Being; affidavit on back of open enrollment form)
- Unmarried children of you or your spouse/domestic partner who are:
  - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return). A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.
  - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by the plan.

## ■ \$20,000 Basic Life Insurance for You

Do you want to drop the basic life insurance you purchase for yourself? You may not add it again until 2003 open enrollment for 2004, but you may drop it now (or anytime).

If you currently elect basic life insurance and die for any reason, the beneficiaries you designate receive \$20,000.

The monthly cost of basic life insurance remains the same in 2002 as it was in 2001.

Your Age	Cost Per Month
Under 25	\$ 1.00
25-29	\$ 1.20
30-34	\$ 1.60
35-39	\$ 1.60
40-44	\$ 2.00
45-49	\$ 3.20
50-54	\$ 4.80
55-59	\$ 8.60
60-64	\$ 13.20
65-69	\$ 25.40
70+	\$ 41.20



## ■ Premium Payment Plan

**Do you want to pay for your Plan 1 benefits before-tax or after-tax?** The monthly cost of your Plan 1 benefits is divided in half and deducted from your two regular monthly paychecks. (When there are three paychecks in a month, no deductions are taken from the last one.) You may have the deductions taken before or after federal income and Social Security taxes are withheld.

If you have deductions taken **before-tax**, this reduces your taxes. However, IRS restrictions apply:

- Any portion you pay to provide coverage to a domestic partner (DP) or DP's children is deducted after-tax
- You may not drop any coverage until the next open enrollment unless due to a qualifying change in status:
  - Death of a family member
  - Divorce or dissolution of a domestic partnership
  - Significant change in your spouse's or domestic partner's coverage due to his/her employment
- **You must re-enroll for before-tax every year during open enrollment or you default to the after-tax plan.**

If you pay premiums **after-tax**, you may drop coverage for yourself or a family member at any time.

## ■ Insurance Beneficiaries

**Do you want to update your insurance beneficiaries?** You may update beneficiaries anytime, but your open enrollment form provides space for you to update them now if necessary. (Your beneficiaries are not in a database, so they're not printed on your form. Refer to the copy of the last beneficiary form you submitted for current beneficiary information. Always keep copies of beneficiary and other forms for your records.)

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death, your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent), their shares must add up to 100%.

If you're married and you do not choose to list your spouse as your only primary beneficiary for either life or AD&D insurance, your spouse must sign the Spouse Waiver section of the form.

## ■ Affidavit of Marriage/Domestic Partnership

Complete this section of your open enrollment form if you need to document a marriage or domestic partnership.

## Resource Directory

Questions About ...	Contact ...
<b>Plan 1, 2 or 3 Eligibility</b>	<b>Your Base Chief</b>
<b>General Benefits</b> <ul style="list-style-type: none"> <li>• Health and life insurance plans</li> <li>• PERS enrollment</li> <li>• Flexible Spending Account enrollment</li> <li>• Change forms</li> <li>• Alternate formats</li> </ul>	<b>Benefits &amp; Well-Being</b> Yesler Building YES-HR-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* ■ 1-800-325-6165 x41556* ■ Fax 206-684-1925 E-mail <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a> Web <a href="http://www.metrokc.gov/ohrm/benefits">www.metrokc.gov/ohrm/benefits</a>
<b>Medical</b> <ul style="list-style-type: none"> <li>• Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.)</li> <li>• Filing claims</li> <li>• Other plan details (covered expenses, limitations, exclusions, preauthorization)</li> </ul>	<b>KingCare</b> PO Box 91023, Seattle WA 98111-9123 Phone 1-800-654-3250* x77020 ■ 206-701-1100* E-mail <a href="mailto:kingcare@aetna.com">kingcare@aetna.com</a> ■ Web <a href="http://www.kingcare.com">www.kingcare.com</a>  <b>Express Scripts</b> mail order Rx for KingCare PO Box 52123, Phoenix AZ 85027-2123 Phone 1-888-201-5853* ■ 1-800-296-2956* (refills) E-mail thru Web <a href="http://www.express-scripts.com">www.express-scripts.com</a>  <b>PacifiCare</b> PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web <a href="http://www.pacificare.com">www.pacificare.com</a>  <b>Prescription Solutions</b> mail order Rx for PacifiCare PO Box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web <a href="http://www.pacificare.com">www.pacificare.com</a>  <b>Virginia Mason/Group Health Alliant</b> PO Box 1207, Seattle WA 98111-1207 Phone 1-800-442-4038* E-mail <a href="mailto:info@ghc.org">info@ghc.org</a> Web <a href="http://www.ghc.org/web/health_plans/alliance/allisel.jhtml">www.ghc.org/web/health_plans/alliance/allisel.jhtml</a>
<b>Dental</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Filing claims</li> <li>• Other plan details</li> </ul>	<b>Washington Dental Service</b> PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* ■ 206-522-2300* E-mail <a href="mailto:cservice@deltadentalwa.com">cservice@deltadentalwa.com</a> ■ Web <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
<b>Vision</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Filing claims</li> <li>• Other plan details</li> </ul>	<b>Vision Service Plan</b> PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195* E-mail thru Web <a href="http://www.vsp.com">www.vsp.com</a>
<b>Public Employees Retirement System (PERS)</b> <ul style="list-style-type: none"> <li>• General information</li> <li>• Beneficiary designation</li> <li>• Beneficiary and address changes</li> </ul>	<b>Washington State Department of Retirement Systems</b> PO Box 48380, Olympia WA 98504-8380 Phone 1-800-547-6657 ■ 360-664-4700 ■ 360-586-5450 (TTY) E-mail <a href="mailto:recep@drs.wa.gov">recep@drs.wa.gov</a> ■ Web <a href="http://www.wa.gov/drs/drs.html">www.wa.gov/drs/drs.html</a>

\* TTY 1-800-833-6388 (Washington Relay Service)

Questions About ...	Contact ...
<b>Flexible Spending Account Processing</b> <ul style="list-style-type: none"> <li>Account balances</li> <li>Reimbursement</li> </ul>	<b>Associated Administrators Inc./AAI</b> PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* ■ Fax 1-800-979-8987 E-mail flex@aai-tpa.com
<b>Deferred Compensation</b> <ul style="list-style-type: none"> <li>Enrollment</li> <li>Changes (beneficiaries, contributions, allocations, etc.)</li> <li>Quarterly work site seminars</li> </ul>	<b>T. Rowe Price</b> PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
<b>Counseling &amp; Resource Referral</b> <ul style="list-style-type: none"> <li>Personal, family and work problems</li> <li>Financial and legal matters</li> <li>Child care, elder/adult care</li> </ul>	<b>Making Life Easier</b> Phone 1-888-874-7290* (24 hours a day, seven days a week)
<b>Mildly Ill Child Care</b>	<b>Virginia Mason's Tender Loving Care</b> Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle WA 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
<b>Mortgage Assistance</b>	<b>Home Mortgage Assistance Program</b> Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage
<b>Employee ID/Keycard/Bus Pass</b> <ul style="list-style-type: none"> <li>Department ID coordinators</li> <li>Replacements</li> </ul>	<b>Department of Construction and Facility Management</b> Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104*  Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
<b>Employee Transportation Program</b> <ul style="list-style-type: none"> <li>Discounted ferry passes</li> <li>Vanpool subsidy</li> <li>Carpool, bike and walk incentives</li> <li>Ridematching services</li> <li>Home Free Guarantee ride home</li> </ul>	<b>Employee Transportation Program</b> Yesler Building YES-TR-0600 400 Yesler Way, Seattle WA 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
<b>Credit Unions</b>	<b>King County Credit Union</b> Multiple locations Phone 1-800-248-6928* Web www.kccu.com  <b>MetroPacific Community Credit Union</b> Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mpccu.org

\* TTY 1-800-833-6388 (Washington Relay Service)